



Cheryl Dinolfo  
County Clerk

## **CONVERSION TO MONROE COUNTY PLASTICARD PERMIT**

***\*\*Please note that all information must be filled in accurately and legibly\*\****

Carry #: \_\_\_\_\_

NYSID # \_\_\_\_\_  
*(Usually a 7-8 digit number ending with a letter. Leave blank if unknown)*

Original Issue Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Street Address: \_\_\_\_\_  
*(No PO BOX)*

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact phone: \_\_\_\_\_  
*(Between hours of 9am - 5pm)*

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

If not employed: ☐ Retired ☐ Student ☐ Other \_\_\_\_\_

### **FIREARMS CURRENTLY REGISTERED ON PERMIT:**

**All information must be provided.** If you need additional room for your firearms, please continue your list on the following page.

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*I attest that all of the above information provided is true & accurate. Additionally, I acknowledge that once this form is submitted, I may not make any changes or add/remove any firearms from my permit until my PlastiCard permit is issued.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### **COUNTY CLERK OFFICE USE ONLY:**

File #: \_\_\_\_\_

Amendment Required: \_\_\_\_\_

Signature Affixed: \_\_\_\_\_

File verified: \_\_\_\_\_

Notified: \_\_\_\_\_ MSG ☐

## ADDITIONAL FIREARMS LIST

Name of permit holder: \_\_\_\_\_ Carry # \_\_\_\_\_ DOB: \_\_\_\_\_

MAKE	REVOLVER OR AUTOMATIC	MODEL	CALIBER	SERIAL #
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				